

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	KSD		2/12/01
FORMALITY REVIEW	JM	50866	2/24/01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral)..... Canceled                      A ..... Appeal  
 + ..... Restricted                      O ..... Objected

Claim	Date			
Final	Original	10	2	01
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Claim	Date			
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If more than 150 claims or 10 actions  
staple additional sheet here

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